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Effective on 12/08/2004.					Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Application Number 10/708,5			515		
FEE TRANSMITTAL					Filing Date		March 9, 2004			
For FY 2006					First Named Inv	entor	Ronald L. Gordon			
Applicant claims small entity status. See 37 CFR 1.27					Examiner Name	Examiner Name D. Ras		nid		
					Art Unit 2624					
TOTAL AMOUN	Attorney Docket	No.	FIS920030380US1							
METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order None Other (please identify):										
Deposit Account Deposit Account Number: 04-0566 Deposit Account Name: DeLio & Peterson, LLC										and the second second
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17										
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card										
information and authorization on PTO-2038. FEE CALCULATION										
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES										
Application ²		Sma	all Entity		Small Entity	12	<u>Smal</u>	Entity	Coop Doid (A)	South the state of
				e (\$)	CONTRACTOR OF THE PART OF THE STATE OF THE S	Fee		<u>e (\$)</u>	Fees Paid (\$)	
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Reissue	30	00 1	50 50	00	250	600) 3(00		or control of the con
Provisional	20	00 1	00	0	0	C)	0		
2. EXCESS CLAIM FEES Small Entity										
Fee Description Each claim over 20 (including Reissues)								5ee (\$) 50	<u>Fee (\$)</u> 25	***************************************
Each independent claim over 3 (including Reissues)								200	100	
Multiple dependent claims								360	180	V-F-24M SEAM
					Paid (\$)		M	lultiple Depe	endent Claims	
**************************************	20 or HP =		X = _					Fee (\$)	Fee Paid (\$)	The state of the s
HP = highest nur	mber of total claim Fxtr	•		Fee l	Paid (\$)		Manage and an analysis of the second			Vermoversh
	or HP =		X							
HP = highest number of independent claims paid for, if greater than 3.										
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer										
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50										
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). <u>Total Sheets</u> <u>Extra Sheets</u> <u>Number of each additional 50 or fraction thereof</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>										
100 = / 50 = (round up to a whole number) x =										
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)										
Other (e.g., late filing surcharge):										
UBMITTED BY		43			la diatantia.					
gnature (TO) (A					egistration No. .ttorney/Agent) 31,867			Telephone ₂₀₃ 787-0595		
ame (Print/Type)				Date 9/14/2007						

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/708,515 TRANSMITTAL Filing Date March 9, 2004 First Named Inventor FORM Ronald L. Gordon Art Unit 2624 **Examiner Name** D. Rashid (to be used for all correspondence after initial filing) Attorney Docket Number FIS920030380US1 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC Petition Amendment/Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert to a Proprietary Information After Final **Provisional Application** Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify Terminal Disclaimer Extension of Time Request below): Request for Refund **Express Abandonment Request** CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Delie & Peterson, LL-G. Signature Printed name Peter W. Peterson Reg. No. Date 9/14/2007 31,867 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature

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Date